

EXHIBIT "F"
AFFIDAVIT

THE STATE OF TEXAS

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THE COUNTY OF COLLIN

I, G. BRAD TRIBBLE, a member of the Consultant team, make this affidavit and hereby on oath state the following:

I, and/or a person or persons related to me, have the following interest in a business entity that would be affected by the work or decision on the Project (Check all that apply):

- _____ Ownership of 10% or more of the voting shares of the business entity.
- _____ Ownership of Twenty Five Thousand and 00/100 Dollars (\$25,000.00) or more of the fair market value of the business entity.
- _____ Funds received from the business entity exceed ten percent (10%) of my income for the previous year.
- _____ Real property is involved, and I have an equitable or legal ownership with a fair market value of at least Twenty Five Thousand and 00/100 Dollars (\$25,000.00).
- _____ A relative of mine has substantial interest in the business entity or property that would be affected by my business decision of the public body of which I am a member.
- _____ Other: _____
- X None of the Above.

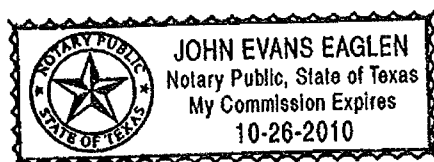
Upon filing this affidavit with the City of Frisco, Texas, I further affirm that no relative of mine, in the first degree by consanguinity or affinity, as defined in Chapter 573 of the Texas Government Code, is a member of a public body which took action on the agreement.

Signed this 28 day of OCTOBER, 2009.

G. Brad Tribble / Senior Vice President
Signature of Official / Title

BEFORE ME, the undersigned authority, this day personally appeared G. BRAD TRIBBLE and on oath stated that the facts hereinabove stated are true to the best of his / her knowledge or belief.

Sworn to and subscribed before me on this 28 day of OCTOBER, 2009.



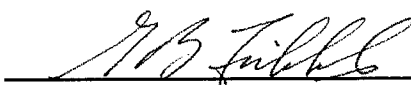
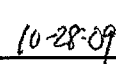
John Evans Eaglen
Notary Public in and for the State of Texas
My commission expires: 10-26-2010

EXHIBIT "G"
CONFLICT OF INTEREST QUESTIONNAIRE, FORM CIQ

CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental entity		FORM CIQ
<p>This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.</p> <p>By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	<div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"> <div style="border-bottom: 1px solid black; padding: 2px;">Date Received</div> </div>	
<div style="border: 1px solid black; padding: 2px;"> 1 Name of person doing business with local governmental entity. </div>		
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; border: 1px solid black; margin-right: 10px;">2</div> <div> <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. </div> </div> <p style="font-size: small; margin-top: 10px;">(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p> </div>		
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; border: 1px solid black; margin-right: 10px;">3</div> <div> Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money. </div> </div> </div>		
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; border: 1px solid black; margin-right: 10px;">4</div> <div> Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire. </div> </div> </div>		

Amended 01/13/2008

EXHIBIT "G"
CONFLICT OF INTEREST QUESTIONNAIRE, FORM CIQ

<p>CONFLICT OF INTEREST QUESTIONNAIRE</p> <p>For vendor or other person doing business with local governmental entity</p>	<p>FORM CIQ</p> <p>Page 2</p>
<p>5 Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)</p> <p>This section, Item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Describe each affiliation or business relationship.</p>	
<p>6 Describe any other affiliation or business relationship that might cause a conflict of interest.</p>	
<p>7</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="text-align: center;"> _____ Signature of person doing business with the governmental entity</div><div style="text-align: center;"> _____ Date</div></div>	

Amended 01/13/2008